

# Improving Mental Health Care for Clinicians

## Leading Interventions for Your Workforce



The Center for Workplace Mental Health (CWMH), a program of the American Psychiatric Association Foundation, provides employers with high-impact tools, resources, and training to effectively address the mental health and well-being of employees and their families and provides actionable steps to creating a mentally healthy workplace. Through the Brave of Heart Fund, the Center created the initiative, Frontline Connect: Mental Health for the Healthcare Workforce.

Frontline Connect is focused on improving access to mental health care for frontline clinicians. Through convenings, roundtable discussions, and interviews with expert leaders from hospitals, health systems, and like-minded organizations, this multimedia toolkit, which includes a video library, highlights best practices and innovative strategies that have led to an increase in access to mental health care for nationally recognized institutions.



Gaurava Agarwal, M.D.  
VP & Chief Wellness Executive  
Northwestern Medicine

## Special Thanks

Frontline Connect was led by Well-being Consultant, Gaurava Agarwal, M.D., VP & Chief Wellness Executive Northwestern Medicine. Dr. Agarwal serves as the Director of Faculty Wellness at Northwestern University and as an Associate Professor in the Departments of Medical Education and Psychiatry and Behavioral Services at Northwestern University's Feinberg School of Medicine. Dr. Agarwal specializes in occupational and organizational psychiatry with an emphasis on workplace mental health, and currently serves as a member of the Center for Workplace Mental Health's Expert Advisory Council.

During his time on Frontline Connect, Dr. Agarwal chaired the initial expert roundtable that heavily informed the direction of the work, and served as chair and session moderator for Innovations in

Improving Access to Mental Health Care for Frontline Healthcare Clinicians, part of the 2023 APA Annual Meeting, and conducted all of the interviews with expert leadership that can be found in the video library as part of the toolkit. To access the video library, visit: [frontlineconnect.org/toolkit](https://frontlineconnect.org/toolkit).

The Center team is incredibly grateful for the time, talent, and expertise that Dr. Agarwal lent to Frontline Connect. His contributions have made the initiative the success that it is.

## What We Know

Concern for the mental health and well-being of healthcare workers was building long before the COVID-19 pandemic. For years physicians have been at a greater risk for suicide and suicidal ideation than the general public. The occupational risk of burnout is high among all healthcare workers, and if not addressed in timely manner, can evolve into mental health conditions like depression and anxiety. In addition to burnout, there are additional factors that may contribute to a decline in the mental health of a clinician, such as fatigue, moral injury, Post-traumatic Stress Disorder (PTSD), and sometimes even substance misuse<sup>2</sup>.

Hospital and health system leaders are aware of the issues affecting the mental health of their workforce and know that quality of life, patient care, and outcomes would greatly improve with intervention. However, it's not always clear where to start. Through insights shared by experts, convenings, and many interviews, the Frontline Connect team was able to pinpoint the most prominent barriers to accessing mental health care, and highlight existing, innovative practices that address each.

- ➔ [Fear and Shame](#)
- ➔ [Suicide Prevention, Intervention, Postvention](#)
- ➔ [Licensure & Credentialing](#)
- ➔ [Internal Employee Assistance Program \(EAP\)](#)
- ➔ [External Employee Assistance Program \(EAP\) and Coaching](#)
- ➔ [Physician Health Programs \(PHPs\)](#)
- ➔ [Peer Support Programs](#)
- ➔ [Clinician Cultural Competency Training](#)
- ➔ [Manager Training](#)
- ➔ [Employee Resource Groups \(ERGs\)](#)
- ➔ [A Call to Action for the C-Suite](#)
  1. Creating a Visible Organizational Commitment
  2. Building the Business Case for Innovation

The purpose of the Frontline Connect Toolkit is to elevate the institutions with innovative interventions on increasing access to mental health care for frontline healthcare workers. Each program that is highlighted within this toolkit is in operation and yielding successful results. We hope this work allows leaders like you to move the concept of a mentally healthy workforce from idea to action. This toolkit distills the learnings from our expert interviews found in the video library and can serve as a road map to addressing barriers and beyond.



## Fear and Shame

Stigma remains high in the healthcare workforce and is still the biggest barrier to clinicians accessing care. Licensed and certified professionals fear retribution against their credentials, their job, and how colleagues may perceive them. Through many of the interviews in this toolkit, you will hear about the success many leaders found in sharing their own personal stories in an effort to start the conversation organization-wide. Kirk Brower, M.D., the inaugural Chief Wellness Officer at Michigan Medicine, discusses his own lived experience with mental health, and the positive response he received after disclosing his story to his institution and peers nationwide. Dr. Brower is an example of a leader who used his position to influence change for his entire institution.



### Featured videos:

#### [The Importance of Sharing: Personal Stories](#)



### Related videos on this topic:

#### [Building Mental Health Employee Resource Groups: A High Impact, Low Energy Resource](#)



#### [Innovative Ideas: Medical Student Mental Health](#)



# Fear and Shame

## Reducing Fear and Shame, Otherwise Known as Stigma

Communicating that it's right to seek mental health care when needed, can reduce the shame and fear, also known as stigma, around accessing mental health services and supports. It also reinforces the importance of their workforce addressing their own mental health challenges and concerns.

### 3 Things to Consider When Sharing a Personal Story or Mental Health Experience

To ensure sharing a personal story or message will benefit your audience, it's important to consider these three things.



**WHAT**  
to disclose



**WHEN**  
to disclose



**WHAT**  
venue to  
disclose in

“Afterwards, I received all sorts of emails from people who I assume were there, I don't think this was broadcast anywhere, saying, 'Thank you for sharing your story. That's been my experience, you've put it to words for me.' I thought, 'Wow, maybe I can take this experience and turn it into something that would be helpful' to other people.

-- Kirk Brower, MD, Former Chief Wellness Officer, University of Michigan Medical School

Hear more insights from Kirk Brower, MD, Former Chief Wellness Officer, University of Michigan Medical School, in [The Importance of Sharing Stories](#).



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# Suicide Prevention

Prior to the pandemic, a national study found that 1 in 15 physicians had thoughts of suicide in the last year<sup>1</sup>. The trauma and moral injury brought on by COVID-19 has only exacerbated those numbers. Healthcare professionals tend to face stigma in two forms, internally and externally. Identifying the need to seek help can be delayed by feelings of dread, fear, or embarrassment. Those feelings may then be compounded by external stigma, which still presides heavily over the medical field. Michael Myers, M.D. has personal experience, having lost a medical school roommate to suicide. He has spent much of his career addressing physician and healthcare worker suicide, and provides mental health treatment to healthcare workers. Dr. Myers addresses how the healthcare field can increase awareness about suicide, breaking efforts down into three broad areas, including prevention, intervention, and postvention. Dr. Myers authored the book, *Why Physicians Die By Suicide*, and served as the President of the NYC chapter of the American Foundation for Suicide Prevention.

**1 in 15**  
physicians had  
thoughts of suicide  
in the last year<sup>1</sup>

## Featured video:

[Prevention, Intervention, Postvention: Understanding the 3 Phases of Suicide](#)



## Related videos on this topic:

[Building Mental Health Employee Resource Groups: A High Impact, Low Energy Resource](#)



[Innovative Partnerships on Specialized Mental Health & SUD Care for Clinicians: A Look at Provider Health Programs](#)



[Building a Successful Internal EAP](#)



## Source

1. Shanafelt TD, Dyrbye LN, West CP, Sinsky C, Tutty M, Carlasare LE, Wang H, Trockel M. Suicidal Ideation and Attitudes Regarding Help Seeking in US Physicians Relative to the US Working Population. *Mayo Clin Proc.* 2021 Aug;96(8):2067-2080. doi: 10.1016/j.mayocp.2021.01.033. Epub 2021 Jul 20. PMID: 34301399.

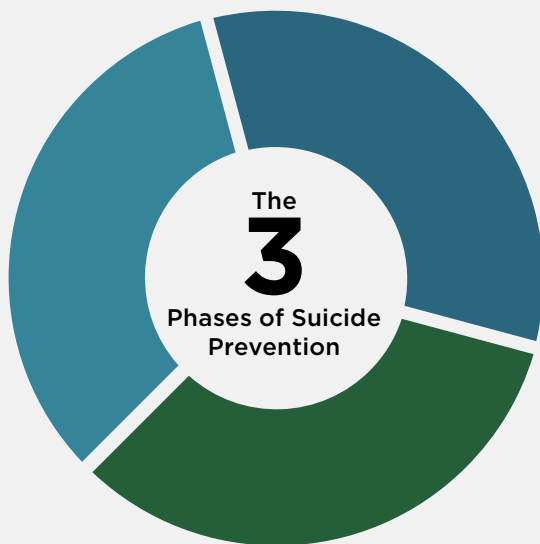


# Suicide Prevention

## Reducing Clinician Suicide by Focusing Efforts on Prevention, Intervention, and Postvention

Reducing the shame and fear associated with seeking help, improving access to services and supports, and reducing job stressors, where able, are critical ways to elevate your commitment to improving the mental health of your workforce and reduce deaths by suicide.

### Understanding the 3 Phases of Suicide: Prevention, Intervention, and Postvention



#### Prevention

**Decreasing Shame and Fear**, also known as stigma, around seeking care.

**Building Connections and Communities** to reduce raining and practice-related isolation.

**Reimagining Healthcare** into a more sustainable career.

#### Intervention

**Increasing Access** to quality, affordable, culturally competent, mental health care and services, like therapy.

#### Postvention

**Learning** from the survivors of suicide teaches us a lot about prevention efforts that need to be in place, and ultimately postvention is prevention.

*The so-called survivors of suicide loss, that huge group of individuals out there...they are teaching us so much about things that we can learn going back into prevention.*

*-- Michael Myers, MD, Professor of Clinical Psychiatry, SUNY Downstate Health Sciences University; Author, Why Physicians Die By Suicide: Lessons Learned from Their Families and Others Who Cared*

Hear more insights from Michael Myers, MD, Professor of Clinical Psychiatry, SUNY Downstate Health Sciences University, in [Prevention, Intervention, Postvention: Understanding the 3 Phases of Suicide](#).



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## Licensure & Credentialing

For decades, fear of losing one's license or credentials has greatly restricted clinicians from seeking mental health care. The use of invasive questions like 'Have you ever received treatment for psychiatric difficulties' barred many, including Dr. Lorna Breen a physician who died by suicide, from seeking help. Frontline Connect interviewed the Dr. Lorna Breen Heroes Foundation's CEO and Co-Founder, J. Corey Feist, J.D., M.B.A., to learn more about how the tragic loss of his sister-in-law has informed the work of the organization, and how the Foundation has found so much success in addressing the issue of intrusive questions in its short tenure. Hear from Corey about the success he has witnessed through both top-down and bottom-up approaches, and his emphasis on how anyone can be the catalyst for change.



### Featured video:

#### [Addressing Licensure and Credentialing](#)



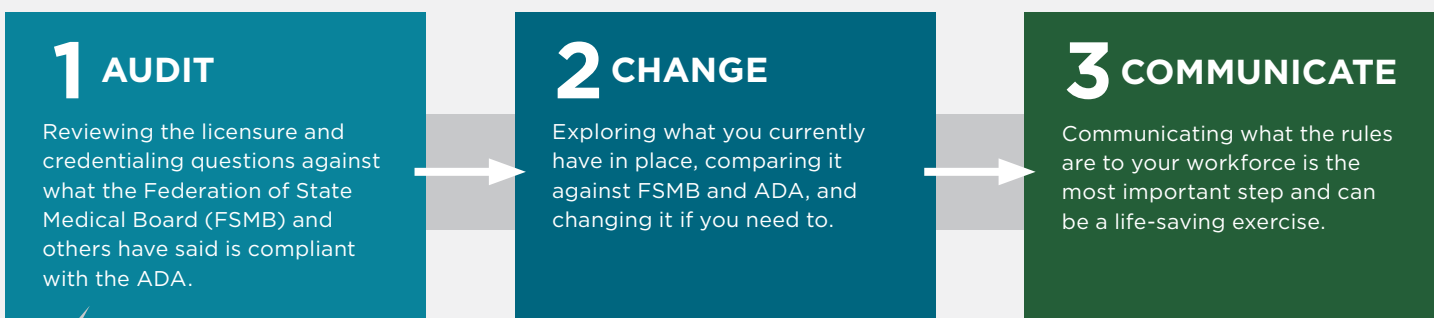


# Licensure & Credentialing

## Addressing Licensure and Credentialing to Increase Access to Mental Health Care for Frontline Clinicians

Addressing issues related to the licensure and credentialing of healthcare professionals is an easy, yet critical step that hospital and health system leadership can take to increase access to mental health care for frontline clinicians. Following these 3 easy steps outlined by the Dr. Lorna Breen Heroes' Foundation, **AUDIT, CHANGE, and COMMUNICATE**, it can be a lifesaving exercise.

### A 3-Step Process for Reviewing Licensure and Credentialing Questions for ADA Compliance



**Spoiler Alert:** Questions can only ask about “current impairment.” If they have gone beyond that, the impairment question has been removed entirely, or a well-being support statement can be provided.

The Dr. Lorna Breen Heroes' Foundation provides incredible tools and resources that demystify and provide guidance to hospital and healthcare leaders on improving licensure and credentialing applications. Check out their toolkit, [Remove Intrusive Mental Health Questions from Licensure and Credentialing Applications: A Toolkit to Audit, Change, and Communicate](#) to get started today!

*Right now, the healthcare workforce across the country is not seeing the visible commitment to their wellbeing by healthcare leaders, and that is not because the healthcare leaders aren't trying their best. This is a very tangible thing that every healthcare leader can do to make a visible commitment to the workforce, that they want to create an environment where the workforce can thrive because they care about them as individuals.*

-- Corey Feist, JD, MBA, CEO and Co-Founder, Dr. Lorna Breen Heroes' Foundation

Hear more insights from Corey Feist, JD, MBA, CEO and Co-Founder, Dr. Lorna Breen Heroes Foundation, in [Addressing Licensure and Credentialing](#).



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## Internal Employee Assistance Programs (EAP)

Oregon Health and Sciences University has been leading the charge with their Resident and Faculty Wellness Program for 20 years. Mary Moffit, Ph.D. and George Keepers, M.D. speak about how their program has grown from its inception, and remained successful in providing free, confidential professional mental health services to residents, fellows, and faculty in the School of Medicine and School of Dentistry. Drs. Moffit and Keepers address concerns and challenges around confidentiality, diversifying their provider workforce, and more.



### Featured video:

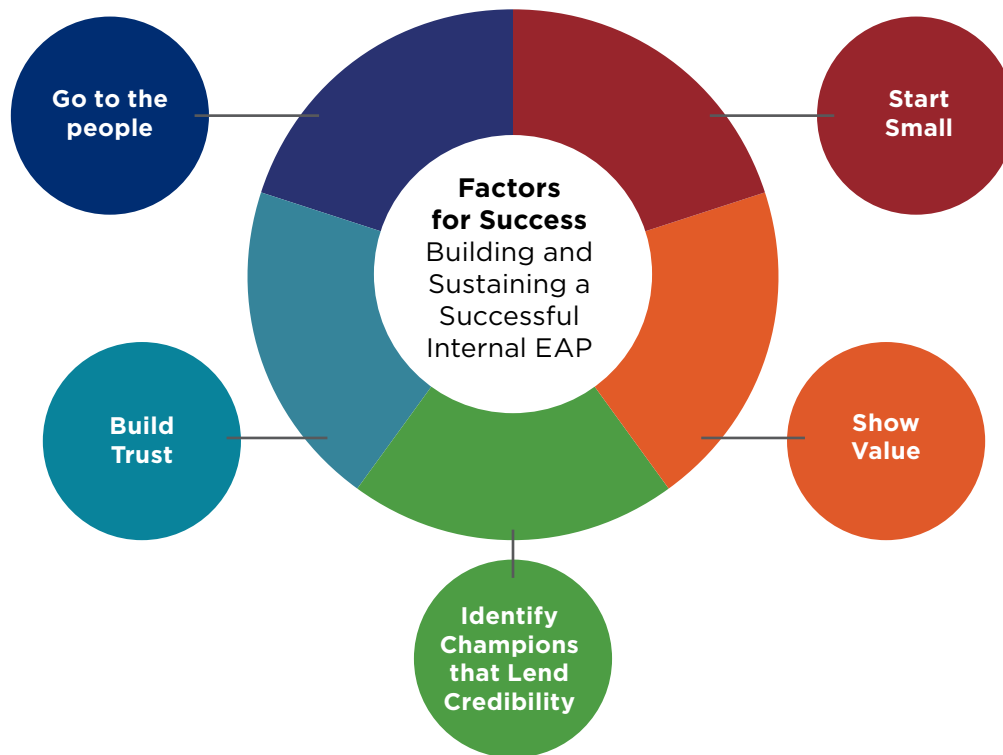
[Addressing Licensure and Credentialing](#)



# Internal Employee Assistance Programs (EAP)

## Building and Sustaining a High-Quality Internal Employee Assistance Program (EAP)

Building an internal EAP is a great way to increase access to mental health services and supports for your workforce. Oregon Health & Science University (OHSU) has long been the gold standard for internal EAPs. Over the years their program has grown and evolved into what it is today. For the benefit of institutions looking to build their own internal EAP, leadership from OHSU's Resident and Faculty Wellness and Peer Support Program have outlined what they attribute their success to.



*We grew the program by not waiting in our office for people to make appointments, but by doing a great deal of outreach and going from training program to training program, meeting with the residents and faculty and also early on identifying what we called champions. That was a word that I think we used back then. People that could advocate, leaders and across the university who were supportive of this plan and who could champion the safety and build the credibility of the program.*

*-- Mary Moffit, PhD, Associate Professor of Psychiatry; Director of Resident and Faculty Wellness, Oregon Health & Science University*

Hear more insights from Mary Moffit, PhD, Associate Professor of Psychiatry; Director of Resident and Faculty Wellness, Oregon Health & Science University, and George Keepers, MD, Carruthers Professor and Chair, Department of Psychiatry, Oregon Health & Science University in [Building a Successful Internal EAP](#).



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## External Employee Assistance Programs (EAPs) & Peer Coaching

VITAL WorkLife is an Employee Assistance Program (EAP) that provides external support to employers, specializing in healthcare worker and physician care since 2007. Sarah Prom, the Senior Director of Clinical Services, sat down with Frontline Connect to talk about their robust peer-coaching program where clinicians are matched with a peer to talk about issues like burnout, mental health, fear of seeking help, and other healthcare specific issues. Their peer coaching program creates a safe space for clinicians to speak with someone outside of their professional and personal life, who understands the unique challenges they face, and can support them through tough times. 92% of the physicians VITAL WorkLife has supported have said that their peer coach helped them make the decision to stay in medicine. An incredibly significant and impactful statement as workforce shortages continue to be pervasive in healthcare.

**92%** of the physicians VITAL WorkLife has supported have said that their peer coach helped them make the decision to stay in medicine.

### Featured video:

[VITAL WorkLife Healthcare-Centric Employee Assistance Programs and the Power of Peer Coaching](#)



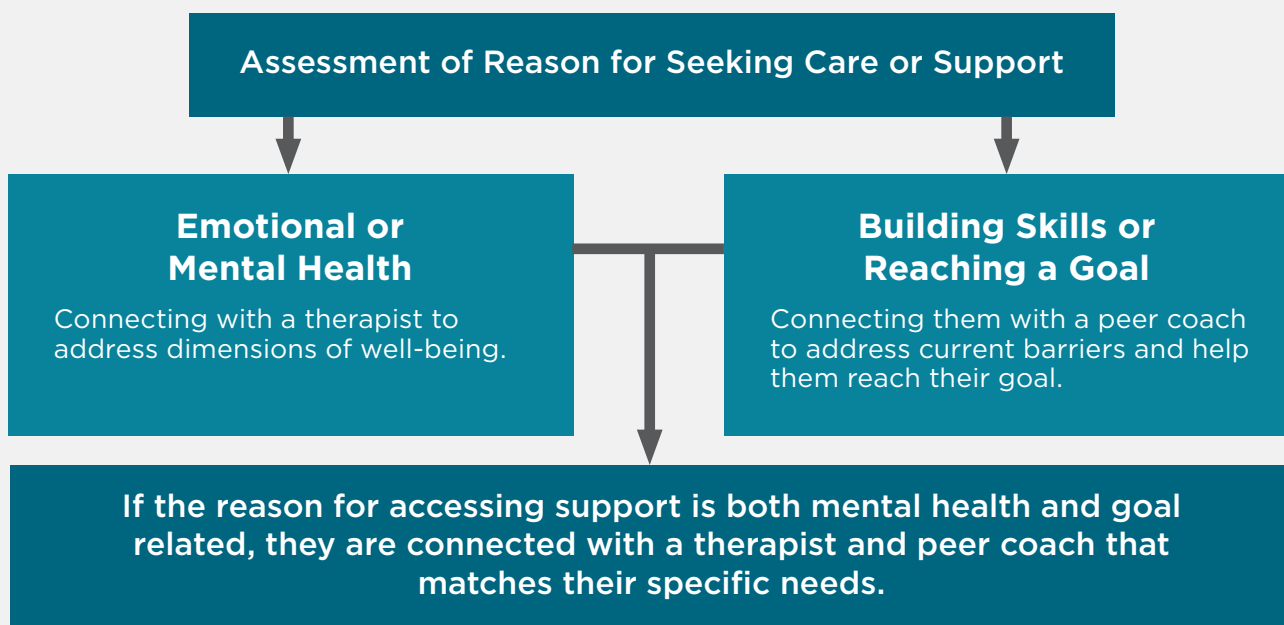
# External Employee Assistance Programs (EAPs) & Peer Coaching

## Demonstrating the Impact Health-Centric EAPs can Make on Clinician Mental Health and Well-being

A larger workforce often means the need for more diverse mental health and well-being benefit offerings. Incorporating an EAP, specialized in the needs of healthcare workers, with a triage system that differentiates between therapy and other programs, like peer coaching, can be incredibly impactful on increasing access to care and providing more diverse well-being benefits.

### A Healthcare-Centric EAP's Approach to Triaging Care: Peer Coaching vs. Therapy

The first step is to triage the person's reason or goal for seeking support.



*When you connect someone with a peer who's locked in those shoes and bend there done that, there's not that need to paint the picture, right? Because the context is understood. And so the work can just begin on addressing what the goal is for coaching, what the need is there for counseling. So that really, I think is the true crux of the value of working with a peer is that understood context and experience of medical culture.*

-- Sarah Prom, MA, LPC, ODCP, Senior Director of Clinical Services, VITAL WorkLife

Hear more insights from Sarah Prom, MA, LPC, ODCP, Senior Director of Clinical Services, VITAL WorkLife, in [Healthcare-Centric Employee Assistance Programs and the Power of Peer Coaching](#).



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## Physician Health Programs (PHPs)

Physician Health Programs (PHPs) are available in all 50 states, and as of October 2023, 47 state PHPs are accredited by the Federation of State Physician Health Programs. PHPs offer a model of care for physicians, and in many states, other licensed healthcare professionals, who are at risk of mental health conditions, including substance use disorders and other potentially impairing conditions. Frontline Connect spoke with Linda Bresnahan, MS, Executive Director of the Federation of State Physician Health Programs (FSPHP), to break down the many services available through PHPs. During the interview, Linda addresses the stigma associated with seeking help from PHPs, provides details on the different services available, and introduces their new accreditation program for ensuring that clinicians always see a provider who has been trained in healthcare cultural competency.



### Featured video:

[Innovative Partnerships on Specialized Mental Health & SUD Care for Clinicians: A Look at Provider Health Programs](#)

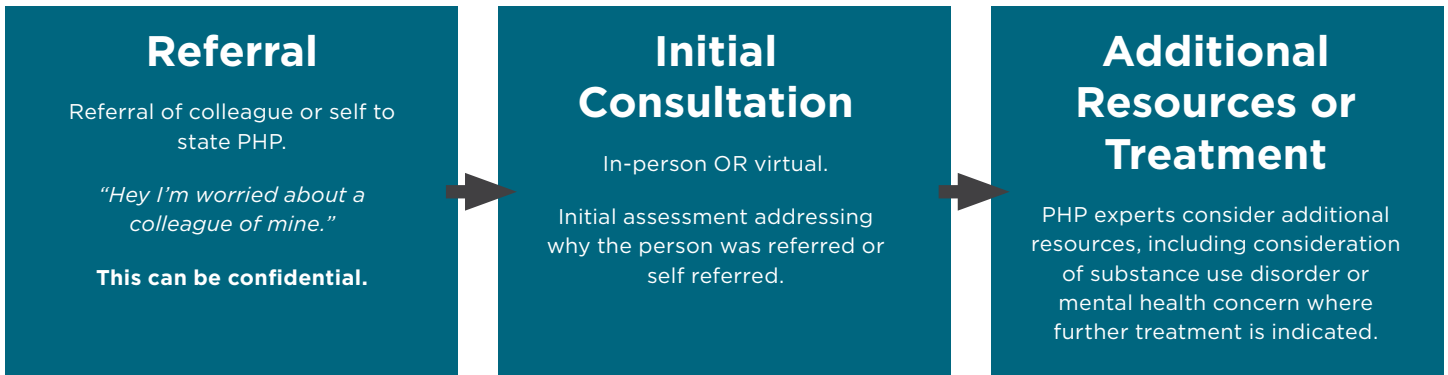




## Physician Health Programs (PHPs)

### Offering Innovative Partnerships on Specialized Mental Health and Substance Use Disorder (SUD) Care for Clinicians

Physician Health Programs (PHPs) can be an excellent resource and partner for hospitals and health systems in helping to meet Joint Commission required mental health and Substance Use Disorder (SUD) education and policies. PHPs can play a critical role in increasing access to voluntary and confidential mental health care for the healthcare workforce. Either through self referral, or by referring a colleague, frontline clinicians can receive an initial consultation and additional resources or treatment that is culturally competent. All it takes is picking up the phone.



### Additional Resources or Treatment

Further Evaluation | Therapy or Counseling | Professional Coaching | In-Patient Treatment | Specialized Education

#### In Some Cases

It's determined that the physician or licensed healthcare professional would benefit from monitoring for SUD or a mental health condition. This is one of the areas of expertise for PHPs! Providing monitoring once a diagnosis and initial treatment has been completed.



*I don't ever see a downside to calling a Physician Health Program and saying, 'This is what I'm experiencing. How do your services work? What kind of resources might you have?' Or 'This is what I'm worried about with respect to a colleague.'*

*-- Linda Bresnahan, MS, Executive Director of the Federation of State Physician Health Programs*

Hear more insights from Linda Bresnahan, MS, Executive Director of the Federation of State Physician Health Programs, in [Innovative Partnerships on Specialized Mental Health & SUD Care for Clinicians: A Look at Provider Health Programs.](#)



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# Peer Support Programs

Peer support programs are powerful intervention tools that help reduce workplace stress and promote a healthy and safe culture for employees. Within medicine, peer supporters can serve many roles, but at both Oregon Health Sciences University and ChristianaCare, peer supporters are trained in recognizing, responding, and supporting peers after an adverse event. Peer supporters are also trained in how to refer their peers to appropriate support services.



## Featured video:

[VITAL WorkLife Healthcare-Centric Employee Assistance Programs and the Power of Peer Coaching](#)



## Related videos on this topic:

[Building a Successful Internal EAP](#)



[Building Mental Health Employee Resource Groups: A High Impact, Low Energy Resource](#)



[Training Managers to Recognize, Recover, and Refer: ChristianaCare's Center for Worklife Wellbeing](#)



# Clinician Cultural Competency Training

Many healthcare workers wish to see a mental health provider who understands medical culture. For a population that faces so many barriers in the search for care, the lack of availability can further drive healthcare workers away from care. In 2020, ChristianaCare's Center for WorkLife Wellbeing, Nemours Children's Health, and the University of Utah's Resiliency Center received a \$50,000 grant from the Delaware Health Sciences Alliance to conduct a study of frontline caregivers and licensed mental health professionals who specialize in treating them. With the results of their study, the group was able to develop a course for mental health providers to learn the nuances of healthcare culture. The training is free and qualifies for continuing education credits through the American Psychological Association. The co-developers, Megan Call Ph.D., and Vanessa Downing Ph.D., share how they developed this training and how it prepares providers to better treat healthcare workers.



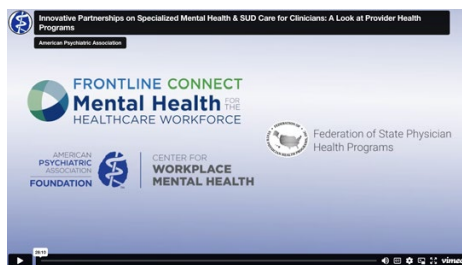
## Featured video:

[Healthcare Cultural Competency Training for Mental Health Clinicians](#)



## Related videos on this topic:

[Innovative Partnerships on Specialized Mental Health & SUD Care for Clinicians: A Look at Provider Health Programs](#)



[VITAL WorkLife: Healthcare-Centric Employee Assistance Programs and the Power of Peer Coaching](#)



[Building a Successful Internal EAP](#)



# Clinician Cultural Competency Training

## Providing Access to High Quality, Culturally Competent Mental Health Care for Clinicians

Having the option to see a mental health clinician that is well-versed in the unique stressors, occupational trauma, and other environmental and situational nuances associated with the job, can be a factor in a clinician's decision to access, or continue therapy or other mental health care.

## Ensuring Mental Health Clinicians Understand the Culture of Medicine

Making sure your workforce has access to mental health clinicians that have been trained in the culture of medicine, using a curriculum like the one developed in collaboration by ChristianaCare, Nemours Children's Health, and the University of Utah's Resiliency Center, is a great way to increase access to culturally competent care. Consider asking your EAP, or other mental health care solution, whether their providers receive cultural competency training, and are focused on offering a clinician friendly practice model.

### A Clinician Friendly Practice Model



*I think part of that is just being able to hear without shock what a normal day in the life of a resident is, what a normal life for physicians is. Because I think when we don't already have some sense of what the norms are in the medical culture, we can quickly rush to pathologize it or think this is about getting more sleep.*

-- Vanessa Downing, PhD, PCC, Co-Developer Training on Healthcare Cultural Competency, Former Director, Center for WorkLife Wellbeing, ChristianaCare

Hear more insights from Vanessa Downing, PhD, PCC, Co-Developer Training on Healthcare Cultural Competency, Former Director, Center for WorkLife Wellbeing, ChristianaCare, in [Healthcare Cultural Competency Training for Mental Health Clinicians](#).



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# Manager Training

Frontline Connect spoke with ChristianaCare's Center for WorkLife Wellbeing team about their Psychological First Aid (PFA) Program, which blends components of Stress First Aid and Psychological First Aid. The program model incorporates self-care, leadership, and peer support and aims to intervene to remove a stressor when needed, prevent further harm, and promote recovery. The program operates on three R's: recognize, recover, and refer. Learn how the team built the training to ensure engagement and has added continuing education sessions to keep participants engaged. Notably, the ChristianaCare leadership buy-in for this program was so strong that the training was included in the annual operating plan and included a bonus allocation to incentivize managers to be trained.

The program operates on three R's

**1** Recognize      **2** Recover      **3** Refer

## Featured video:

[Training Managers to Recognize, Recover, and Refer: ChristianaCare's Center for Worklife Wellbeing](#)



# Manager Training

## Providing Mental Health Manager Training to Create a Culture of Well-being

When leaders provide mental health training to managers, they communicate an investment in the well-being of their workforce. Training can prepare your managers to recognize signs of distress in a colleague, talk to them, and if needed, refer them to the appropriate services and supports. This type of education benefits the entire workforce and can help create an environment where people feel more inclined to share, lean on peers for support, and access care if and when they need it.

Leading institutions, like ChristianaCare, have incorporated training that teaches managers to recognize signs of excessive stress in a member of the healthcare workforce, check in with that person, and if necessary, refer them to supportive services. Whether you're implementing an existing training, or creating your own curriculum, there are several things to take into consideration that can positively impact the success of implementation and utilization of a mental health manager training at an institution.

### 4 Ways to Impact the Success of Your Mental Health Manager Training

#### 1 Leadership Support

Securing leadership support and commitment is critical to the success of any initiative or program.

#### 2 Organizational Alignment

Finding Alignment with organizational or leadership incentives, strategic goals, or mission.

#### 3 Engaging Curriculum

Ensuring the curriculum is pertinent, adaptable, and engaging. Recognizing length and completion time may be prohibitive for many.

#### 4 Communication and Marketing Plan

Clear and consistent communication from leadership and champions. Diversifying communication channels to ensure you're reaching a broader audience.

*The challenges of the pandemic really amplified the stress that our caregivers experienced, and so we recognize that we had an opportunity to better support our caregivers with some of the added stress and to equip leaders with more tools to create safe spaces so that caregivers had the message that it's okay not to be okay.*

-- Katie Godfrey, PhD, Director of the Center for Worklife Wellbeing, ChristianaCare

Hear more insights from Katie Godfrey, PhD, Director of the Center for Worklife Wellbeing at ChristianaCare, in [Training Managers to Recognize, Recover, and Refer](#).



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## Employee Resource Groups (ERGs)

Employee Resource Groups are voluntary, employee-led groups formed to bring employees together based on a common identity, interest, or purpose. Mental Health ERGs are becoming more and more common, providing a safe space for employees to come together and talk about how they are impacted by mental health. Chief Wellness Officer, Nigel Girgrah and Morgan Lewis, Associate Program in the Office of Professional Well-being, share how Ochsner Health has implemented their Mental Health ERG in service of their overall goal of “education, normalization, and rolling out services and supports.” The Mental Health Diplomats program includes both educational resources and peer support. Ochsner prides itself on anonymity, the growth of their program, and collaboration with the DEIB team. Hear more about their success in the first year of operation, and how sharing the load with other employee groups contributed to their success.



### Featured video:

[Building Mental Health Employee Resource Groups: A High-Impact, Low-Energy Resource](#)



# Employee Resource Groups (ERGs)

## Mental Health Employee Resource Group (ERG): A High Impact, Low Energy Resource

Creating or sustaining a Mental Health Employee Resource Group (ERGs) can be a high-impact way to positively affect the mental health and well-being of the healthcare workforce. ERGs can be a great way to raise awareness and reduce shame and fear around mental health conditions and accessing care. Successful mental health ERGs exist at peer institutions, like Ochsner Health, whose ERG enhances their institution's mental health and well-being efforts.

### ERGs: Supporting and Enhancing Mental Health & Well-being Efforts

#### Creating Community

Bringing people together to talk about shared or lived experiences.

#### Raising Awareness

Raising awareness about the impact and importance of mental health with employees.

#### Reducing Shame and Fear

Destigmatizing mental health and reducing shame and fear about accessing care.

#### Advocating for the Workforce

Supporting and advocating for the mental health needs of employees.

#### Providing Training

Providing mental health ERG members training to be able to support healthcare colleagues who may be experiencing excessive stress or a potential mental health concern, which benefits the entire workforce.

#### Integrating Peer Support

Offering peer support programs and meetings, both virtually and in-person, with the option for anonymity.

*Doing things like this is high impact, low energy. I mean, this is reasonably easy stuff. It's not like solving practice efficiency or rolling out leadership development curriculum. There's very little investment needed in these, and yet it's just I think very, very important to our 35,000 employees.*

*-- Nigel Girgrah, MD, Chief Wellness Officer, Ochsner Health*

Hear more insights from Nigel Girgrah, MD, Chief Wellness Officer, Ochsner Health, in [Building Mental Health Employee Resource Groups: A High-Impact, Low-Energy Resource](#).



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## A Call to Action for the C-Suite

Howard Chrisman, M.D., currently serves as the President and CEO at Northwestern Memorial Healthcare. Dr. Chrisman shares how important it is to listen to employees when he is out on the floor, stating they often have the best ideas for change. He recommends creating a welcoming C-suite environment so that employees feel comfortable coming to leadership and advocating for themselves and their colleagues. With the help of the Chief Wellness Executive, Gaurava Agarwal, M.D., the leadership team rolled out a mental health campaign, incorporating many of the practices found in this toolkit. They covered peer support and coaching, expanded their EAP services, removed questions from their credentialing process, and created suicide postvention resources. The interview highlights the leadership style of Dr. Chrisman and why he bought into such a robust program. You will hear similar insight in the Michigan Medical School interview where Marschall Runge, M.D. explains why there was little hesitation from leadership to support the free medical student mental health program.

### Featured videos:

[A Call to Action for the C-suite](#)



### Related video on this topic:

[Innovative Ideas: Medical Student Mental Health](#)



## A Call to Action for the C-Suite

### Creating a Visible Organizational Commitment to Workforce Mental Health and Well-being

Savvy leaders recognize the importance of the mental health of their workforce. They also know that prioritizing policies, programs, and interventions that support and foster a culture of well-being is critically important to the vitality of the organization.

#### Keys to Creating a Visible Organizational Commitment to the Mental Health and Well-being of Your Workforce



*There's nothing more informative to me than when I sit with the front lines or I'm walking and someone taps my shoulder an email that I get, because those really inform my thinking around whether we are actually getting the job done or not.*

*-- Howard Chrisman, MD, CEO, Northwestern Medicine*

Hear more insights from Howard Chrisman, MD, CEO, Northwestern Medicine, in [A Call to Action for the C-Suite](#).



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Find insights to increase access to mental health services and support for your frontline workforce. Visit [frontlineconnect.org](https://frontlineconnect.org)

# A Call to Action for the C-Suite

## Building the Business Case for Innovative Programs and Initiatives. Anyone Can Do It!

Building the business case for innovative ideas and programs to support the mental health and well-being of the clinical workforce is attainable no matter your level within an organization. Medical Students at the University of Michigan shared factors that make the difference in building and presenting a proposal that resonates with leadership.

### Building the Business Case for Innovation Factors for Success



#### Storytelling

Leveraging the power of storytelling and sharing one's own experience.



#### Data & Metrics

Including data to demonstrate value.



#### Involving the Workforce

Involving the frontline workforce as part of the solution.



#### Timing and Opportunity

Identifying the right time and opportunity to present your plan or program.



#### Starting Small

Starting small and continuing to think about the next level of development for your program.



#### Building a Constituency

Building a constituency that includes experts and end users invested in the success of the program. Asking them for feedback on presentation and its delivery.



#### Leaning on Peer-to-Peer Communications

Leaning on peer-to-peer communications about the initiative, as it yields the best results.

*I don't look at it as return on investment. We're not trying to say, 'Well, we put X amount of dollars into this program and we'll get Y amount of extra work out of people.' That's not the point of this program. But the return is in the health of our students.*

*-- Marschall S. Runge, MD, PhD, Dean, University of Michigan Medical School; CEO, Michigan Medicine*

Hear more insights from Claire Collins, M.D., PGY-1 in Internal Medicine and Psychiatry, University of Kentucky Medicine, and Marschall S. Runge, MD, PhD, Dean, University of Michigan Medical School and CEO, Michigan Medicine, in [Innovative Ideas: Medical Student Mental Health](#).



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# The Big Picture

## Key Takeaway from Interviews with Experts

1. Suicide prevention, intervention, and postvention should be worked into the policies and procedures of each healthcare institution. Shedding light on the topic prevents the isolation of those struggling, and mental health training like Psychological First Aid equips fellow clinicians on how to support their colleagues when there is cause for concern.
2. Hospitals, healthcare systems, and other organizations must continue to push for the removal of intrusive mental health questions on licensure and credentialing applications. The leaders of these organizations must also be prepared to communicate clearly and consistently to their workforce when these changes are made. Positive change means nothing if those benefiting are unaware of the change, which is why communication cannot be undervalued.
3. Providing access to quality, timely mental health care for those clinicians that need it is imperative. Whether they are seen at your institution, like OHSU, or offsite, options do exist. Your state's Physician Health Program (PHP) can serve as navigators to help connect healthcare providers in search of mental health services and supports that are high quality, vetted, and culturally competent.
4. Healthcare workers want to see mental health professionals who understand the culture of healthcare and are flexible to the specific needs of healthcare patients. Training clinicians in healthcare cultural competency is imperative for the continuation of care.
5. If you build it, they will come. The OHSU internal well-being program has been in action for 20 years, the free therapy for medical students at Michigan Medicine saw an increase in participation in the first six months, at Ochsner Health they trained more than 50 mental health diplomats in the pilot year, and finally, at ChristianaCare more than 50% of managers were trained in Psych First Aid in year one.
6. Change happens top-down and bottom-up. Leaders can carry the torch by supporting mental well-being efforts, sharing personal stories and experiences, and prioritizing their own health so others feel like they can do the same. However, you do not need to be a leader to spark change. Medical students achieved free therapy for all medical students at Michigan, and one ERG at Ochsner championed a system-wide Suicide Awareness Alliance that is now working to destigmatize mental health and promote suicide awareness for all 35,000 employees.
7. While resources are always important to help solve problems, it is important to note that many of the innovations and interventions in this toolkit required little to no financial investment to execute. So, regardless of your institution's budget, there is always an opportunity to make progress and demonstrate your commitment to improving the mental health of your workforce.

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